

Inactive Provider Beneficiary Form

If you invest with AIG Retirement, AXA Equitable, Hartford Life, ING Financial Advisers, or Nationwide, contact them directly to designate your beneficiaries. If you invest with any other provider, please complete this form to declare your beneficiaries.

Personal	NameSocial Security #				
Information	Telephone (work)				
Beneficiary Designation	Name of beneficiary	Social Security #		primary	contingent
Designation	Name of beneficiary	Social Security #	Percentage	primary	contingent
	Name of beneficiary	Social Security #	Percentage	primary	contingent
	Name of beneficiary	Social Security #	Percentage	primary	contingent
	Name of beneficiary	Social Security #	Percentage	primary	contingent
	Name of beneficiary	Social Security #	Percentage	primary	contingent
Applicable Accounts Designate which accounts should reflect this designation	Attach an additional sheet if needed. Apply this designation to all of my RI provider(s) if applicable.) Apply this designation to the following		a copy of this fo	rm to your ad	ctive
Participant Signature	XSignature			Date	
Instructions	Mail or fax this completed form to the loca	ation listed below.			

State of Iowa Retirement Investors' Club = Iowa Department of Administrative Services
Human Resources Enterprise = 1305 E. Walnut = Hoover Building, Level A = Des Moines, IA 50319
515-281-8677 = 515-281-5102 (fax) = http://das.hre.iowa.gov/ric.html